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Introduction

Congenital Defects of the Mitral Valve: Insufficiency vs. Stenosis

The congenital section of this issue is devoted to repair of congenital defects of the mitral valve. Avoiding mitral valve replacement is an important but challenging goal in children with mitral valve disease. Roland Hetzer and Eva Walter from the Deutsches Herzzentrum Berlin cover repair techniques for congenital mitral insufficiency. The excellent illustrations in this article detail their extensive experience, including personal modifications of various annuloplasty techniques. Glen van Arsdell and colleagues from the Hospital for Sick Children, located in Toronto, cover repair techniques for congenital mitral stenosis. Their article presents an approach to neonates with mitral stenosis or hypoplasia, which utilizes magnetic resonance imaging flow data to help guide the decision between single ventricle and biventricular approaches. They then illustrate a variety of specific techniques aimed at the wide range of anatomic abnormalities producing mitral stenosis in children.

Surgical Treatment of Malignant Mesothelioma

Despite its dismal prognosis there continues to be an important role for thoracic surgery in the management of malignant mesothelioma. In this issue of *Operative Techniques* the two primary surgical approaches for malignant mesothelioma are nicely outlined by experts in the field. In the first article Dr. David Sugarbaker and colleagues describe their technique of extrapleural pneumonectomy (EPP). Under Dr. Sugarbaker's influence, the group at Brigham and Women's Hospital has one of the largest experiences with EPP for the treatment of malignant mesothelioma. In the companion article, Dr. Raja Flores provides a superbly illustrated description of radical pleurectomy/decortication (PD) for malignant mesothelioma. This operation can be rather tedious and several of the technical pearls on performing PD discussed in this article will be very helpful for thoracic surgeons who perform these procedures.

Less is More? Minimal Access Surgery for Aortic Valve Replacement

The article on minimally invasive surgery for aortic valve replacement by Mihaljevic describes a technique of small anterior thoracotomy for access to the aortic valve. This technique involves obligatory peripheral cannulation for cardiopulmonary bypass. The author describes the advantages and disadvantages and shares his thoughts regarding patient selection in this well-written and well-illustrated paper. In the paper entitled "Minimal Access Aortic Valve Surgery Through an Upper Hemisternotomy Approach," Shekar describes an alternative approach to minimal access aortic valve surgery, this through an upper hemisternotomy carried out through the right fourth intercostal space. This technique allows central cannulation for bypass. The author again describes the advantages and disadvantages of this technique and includes excellent illustrations of its application.

Fred A. Crawford, Jr, MD
Editor

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